

**FIRM PERMIT
TO PRACTICE PUBLIC ACCOUNTANCY APPLICATION**
Connecticut State Board of Accountancy Form SBA-6
(Rev. 9/09)

For Board use only!
Check No. _____
Transaction Date _____ Amount Received _____

1. APPLICATION TYPE <input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> REINSTATEMENT APPLICATION <input type="checkbox"/> TERMINATE THE PERMIT FOR PREDECESSOR FIRM NAME _____ PERMIT NO. _____																																																									
2. PROVIDE THE FIRM NAME AND PRIMARY OFFICE ADDRESS _____ Individual in Charge /Sole Proprietor _____ CPA License No. State (where Licensed) PH No.() - FAX No.() - Email: _____		3. FORM OF PRACTICE , CHECK THE APPROPRIATE BLOCK <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Sole Proprietor																																																							
4. FEE ---Check the appropriate block and mail completed form to State Board of Accountancy, Payment Center, P.O. Box 150477, Hartford, CT 06115-0477, accompanied by a \$150.00 check <u>if applicable</u> and payable to Treasurer, State of Connecticut. <i>(Check, Money Order, or Cashier's Checks are the <u>only</u> acceptable methods of payment at this time.)</i> <input type="checkbox"/> The above named firm is comprised of <i>more than one person</i> who holds a CPA Certificate, the \$150.00 renewal fee is enclosed. <input type="checkbox"/> The above named firm is comprised of <i>not more than one person</i> who holds a CPA Certificate, no fee is required.																																																									
5. PROVIDE THE OTHER JURISDICTIONS IN WHICH THE FIRM IS PRACTICING PUBLIC ACCOUNTANCY, CHECK ALL THAT APPLY <table style="width:100%"><tr><td><input type="checkbox"/> Alabama</td><td><input type="checkbox"/> Alaska</td><td><input type="checkbox"/> Arizona</td><td><input type="checkbox"/> Arkansas</td><td><input type="checkbox"/> California</td><td><input type="checkbox"/> Colorado</td><td><input type="checkbox"/> Delaware</td><td><input type="checkbox"/> Guam</td><td><input type="checkbox"/> Florida</td></tr><tr><td><input type="checkbox"/> Georgia</td><td><input type="checkbox"/> Hawaii</td><td><input type="checkbox"/> Idaho</td><td><input type="checkbox"/> Illinois</td><td><input type="checkbox"/> Indiana</td><td><input type="checkbox"/> Iowa</td><td><input type="checkbox"/> Kansas</td><td><input type="checkbox"/> Kentucky</td><td><input type="checkbox"/> Louisiana</td></tr><tr><td><input type="checkbox"/> Maine</td><td><input type="checkbox"/> Maryland</td><td><input type="checkbox"/> Massachusetts</td><td><input type="checkbox"/> Michigan</td><td><input type="checkbox"/> Minnesota</td><td><input type="checkbox"/> Mississippi</td><td><input type="checkbox"/> Missouri</td><td><input type="checkbox"/> Montana</td><td><input type="checkbox"/> Nebraska</td></tr><tr><td><input type="checkbox"/> Nevada</td><td><input type="checkbox"/> New Hampshire</td><td><input type="checkbox"/> New Jersey</td><td><input type="checkbox"/> New Mexico</td><td><input type="checkbox"/> New York</td><td><input type="checkbox"/> North Carolina</td><td><input type="checkbox"/> North Dakota</td><td><input type="checkbox"/> Ohio</td><td><input type="checkbox"/> Oklahoma</td></tr><tr><td><input type="checkbox"/> Oregon</td><td><input type="checkbox"/> Pennsylvania</td><td><input type="checkbox"/> Rhode Island</td><td><input type="checkbox"/> South Carolina</td><td><input type="checkbox"/> South Dakota</td><td><input type="checkbox"/> Tennessee</td><td><input type="checkbox"/> Texas</td><td><input type="checkbox"/> Utah</td><td><input type="checkbox"/> Vermont</td></tr><tr><td><input type="checkbox"/> Virginia</td><td><input type="checkbox"/> Washington</td><td><input type="checkbox"/> West Virginia</td><td><input type="checkbox"/> Wisconsin</td><td><input type="checkbox"/> Wyoming</td><td><input type="checkbox"/> Puerto Rico</td><td><input type="checkbox"/> US Virgin Is.</td><td><input type="checkbox"/> Washington DC</td><td></td></tr></table>				<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Delaware	<input type="checkbox"/> Guam	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> US Virgin Is.	<input type="checkbox"/> Washington DC	
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6. PLEASE LIST EACH CONNECTICUT OFFICE (Please attach separate sheet if necessary) Office address: _____ Individual in charge: _____ PH No.() - FAX No.() - Email address: _____		Office address: _____ Individual in charge: _____ PH No.() - FAX No.() - Email address: _____																																																							
7. PLEASE LIST ALL PROPRIETORS, PARTNERS, AND SHAREHOLDERS OF THE FIRM WHOSE PRINCIPAL PLACE OF BUSINESS IS IN CONNECTICUT, WHO PERFORMS PROFESSIONAL SERVICES IN CONNECTICUT AND WHO WORKS IN CONNECTICUT (Please attach separate sheet if necessary) <table style="width:100%"><tr><td style="width:35%">Name of Partners or Shareholders</td><td style="width:10%">CT Lic. No.</td><td style="width:35%">Name of Partners or Shareholders</td><td style="width:10%">CT Lic. No.</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>				Name of Partners or Shareholders	CT Lic. No.	Name of Partners or Shareholders	CT Lic. No.	_____	_____	_____	_____	_____	_____	_____	_____																																										
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8. PLEASE LIST ALL PERSONS IN CHARGE OF ATTEST & COMPILATION SERVICES RENDERED IN CONNECTICUT (Please attach separate sheet if necessary) <table style="width:100%"><tr><td style="width:35%">Name</td><td style="width:10%">State & Lic. No.</td><td style="width:35%">Name</td><td style="width:10%">State & Lic. No.</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>				Name	State & Lic. No.	Name	State & Lic. No.	_____	_____	_____	_____	_____	_____	_____	_____																																										
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9. SIGN & DATE I hereby certify that the information on this form is correct and the statements made herein are true and complete. _____ Signature of sole proprietor, managing partner or officer Date _____		THIS SPACE FOR BOARD USE ONLY! Date approved _____ Permit No. _____ Peer Review Date _____																																																							

FIRM PERMIT TO PRACTICE PUBLIC ACCOUNTANCY APPLICATION

General Instructions

Please type or print all requested information. If the space provided is insufficient please attach a separate sheet. **Mail** completed forms to the **State Board of Accountancy, Payment Center, P.O. Box 150477, Hartford, CT 06115-0477**. If you have any questions please call (860) 509-6179.

All applications for a Firm Permit to Practice will be placed on the next available Board meeting agenda for approval (the board typically meets monthly). The Firm Permit to Practice is valid for the remainder of the calendar year in which it is granted (Jan. 1, - Dec 31,). Connecticut also requires a firm to undergo a Quality Review as a condition of renewal of a firm permit to practice.

1. Application Type

- Please check the appropriate boxes
- A new Firm Permit to Practice Public Accountancy must be applied for when the Firm name changes and/or the form of practice changes.
- If the new firm is replacing an existing firm please check the block to terminate the predecessor firm.

2. Firm Name and Primary Office address

- Please provide the Firm name exactly how you wish it to appear on the Firm Permit to Practice and also provide the primary office address. Trade names are permitted in Connecticut. A licensee shall not practice public accountancy under a firm name that is misleading. The names of one or more past partner, shareholder, or member may be included in the firm name of a successor, partnership, corporation, or limited liability company.
- Please provide the name of the person in charge or the sole proprietor along with the CPA License number and State where they hold the CPA License.
- Please provide the Firm's telephone, fax numbers and Email address.

3. Form of Practice

- Please check the appropriate box. If the form of practice changes a new Firm Permit to Practice must be applied for.

4. Fee

- Determine whether payment of the \$75.00 fee is appropriate and check the corresponding box. If the firm is comprised of more than one person who holds a CPA Certificate (including staff), regardless of whether they work in Connecticut or not, the fee is due. If the firm is comprised of not more than one person who holds a CPA Certificate Authority no fee is required.

5. Other Jurisdictions

- Check the appropriate block for all jurisdictions that the firm is or will be practicing public accountancy.

6. Connecticut Offices

- Provide the address of each office in Connecticut.
- Holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any change occurs in the number or location of offices in Connecticut.
- Please attach a separate sheet if necessary.
- All attest services and compilation services rendered in Connecticut must be under the charge of a person holding a valid Connecticut CPA License or a CPA license issued by another State. Please note that all owners whose principal place of business is Connecticut must hold a Connecticut CPA License.

7. Partners and Shareholders

- List the name and Connecticut individual CPA license number of the proprietors, partners or shareholders whose principal place of business is in Connecticut, who performs professional services in Connecticut and who works in Connecticut.
- Both applicants for and holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any change occurs in the identities of any partners or shareholders working in Connecticut.
- If the individual CPA license is being applied for simultaneously, please write *application pending* in the space provided.
- Both applicants for and holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any other jurisdiction denies, revokes or suspends an individual listed in this section.

8. Persons in Charge of Attest & Compilation Services rendered in Connecticut

- List the name and individual CPA license number of the persons in charge of Attest & Compilation Services rendered in Connecticut.

9. Sign & Date

- The sole proprietor, managing partner or the appropriate officer must sign and date the application.